

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

INDIANA JOBS NOW

ADDRESS (number and street) ▼

PO Box 9891

☐ Check if different than previously reported. (ACC)

Arlington

VA

22219

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00603159

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MICHELE REISNER

Signature of Treasurer

MICHELE REISNER

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDIANA JOBS NOW

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		14		2016

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2016</div></div>		<div><div></div><div>0.00</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>1845.36</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>503000.00</div></div>	<div><div></div><div>1003000.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>504845.36</div></div>	<div><div></div><div>1003000.00</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>109753.00</div></div>	<div><div></div><div>607907.64</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>395092.36</div></div>	<div><div></div><div>395092.36</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INDIANA JOBS NOW

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	4		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	6		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

503000.00

1003000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

503000.00

1003000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

503000.00

1003000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

503000.00

1003000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

503000.00

1003000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4800.00	82667.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4800.00	82667.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	99953.00	520240.09
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	109753.00	607907.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109753.00	607907.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	503000.00	1003000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	503000.00	1003000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	4800.00	82667.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	4800.00	82667.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA JOBS NOW

Full Name (Last, First, Middle Initial)

A. JOE A HOLLINGSWORTH JR

Mailing Address 2 CENTRE PLAZA

City State Zip Code
 CLINTON TN 37716

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE HOLLINGSWORTH COMPANIES

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

70000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOE A HOLLINGSWORTH JR

Mailing Address 2 CENTRE PLAZA

City State Zip Code
 CLINTON TN 37716

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE HOLLINGSWORTH COMPANIES

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOE A HOLLINGSWORTH JR

Mailing Address 2 CENTRE PLAZA

City State Zip Code
 CLINTON TN 37716

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE HOLLINGSWORTH COMPANIES

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period

13000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

103000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
INDIANA JOBS NOW

A. Full Name (Last, First, Middle Initial) JOE A HOLLINGSWORTH JR			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 13 / 2016 Transaction ID : SA11AI.4242		
Mailing Address 2 CENTRE PLAZA					
City CLINTON	State TN	Zip Code 37716			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 400000.00		
Name of Employer THE HOLLINGSWORTH COMPANIES		Occupation OWNER	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1003000.00			
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer		Occupation	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer		Occupation	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional).....			400000.00		
TOTAL This Period (last page this line number only).....			503000.00		

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

INDIANA JOBS NOW

A. CROSBY OTTENHOFF GROUP

Transaction ID : SB21B.4252

 Memo Item

B. PROSPECT STRATEGIC COMMUNICATIONS

Transaction ID : SB21B.4254

Memo Item

C.

Category/
Type

 Memo Item

TOTAL This Period (last page this line number only).....

4700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA JOBS NOW

Full Name (Last, First, Middle Initial)

A. MIKE PENCE FOR INDIANAMailing Address 101 WEST OHIO
SUITE 1180

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
CONTRIBUTION TO NON-FEDERAL CAMPAIGN

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SB29.4256

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

Full Name of Payee CROSSROADS MEDIA LLC		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2016	
Mailing Address 66 CANAL CENTER PLAZA SUITE 555				Amount 12038.46	
City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SE.4215	
Purpose of Expenditure MEDIA		Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016	
Name of Federal Candidate GREGORY FRANCIS MR. ZOELLER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 09 State: IN	
Calendar Year-To-Date Per Election for Office Sought		444364.01		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

FEC Schedule E (Form 3X) Rev. 12/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		FEC IDENTIFICATION NUMBER ▼ C C00603159
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CROSSROADS MEDIA LLC		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount 12712.62
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4219
Purpose of Expenditure MEDIA	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		457076.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CROSSROADS MEDIA LLC		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount 25810.46
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4220
Purpose of Expenditure MEDIA	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016
Name of Federal Candidate ERIN HOUCHEIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		482887.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38523.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW			FEC IDENTIFICATION NUMBER ▼ C C00603159	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee CROSSROADS MEDIA LLC			<input type="checkbox"/> Memo Item	
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2016	
City ALEXANDRIA		State VA	Zip Code 22314	Amount 3662.50
Purpose of Expenditure MEDIA		Category/Type 004		Transaction ID : SE.4233 Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate TREY HOLLINGSWORTH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought 509252.59			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CROSSROADS MEDIA LLC			<input type="checkbox"/> Memo Item	
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2016	
City ALEXANDRIA		State VA	Zip Code 22314	Amount 10987.50
Purpose of Expenditure MEDIA		Category/Type 004		Transaction ID : SE.4234 Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate ERIN HOUCHIN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought 520240.09			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			14650.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MICHELE REISNER Signature			[Electronically Filed] Date MM / DD / YYYY 07 / 15 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		FEC IDENTIFICATION NUMBER ▼ C C00603159
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SRCP MEDIA INC. PRODUCTION		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016
Mailing Address 201 N UNION ST SUITE 200			Amount 850.74
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4222
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 483737.83		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee SRCP MEDIA INC. PRODUCTION		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016
Mailing Address 201 N UNION ST SUITE 200			Amount 1727.26
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4223
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016
Name of Federal Candidate ERIN HOUCHIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 485465.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2578.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		FEC IDENTIFICATION NUMBER ▼ C C00603159	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee TARGETED VICTORY		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016	
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400				Amount 2125.00	
City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SE.4229	
Purpose of Expenditure MEDIA		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2016	
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		487590.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee TARGETED VICTORY		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2016	
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400				Amount 18000.00	
City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SE.4232	
Purpose of Expenditure MEDIA		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016	
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		505590.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20125.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	99953.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 15 / 2016